

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20325

STATE FILE NUMBER

Registration District No.

53

Primary Registration District No.

3010

Registrar's No.

321

5. 300 0
1-57Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Cape Girardeau Mo.</u>		c. CITY OR TOWN <u>Frohna</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>10 Days</u>	
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Schlichting</u> Last <u>Schlichting</u>		4. DATE OF DEATH Month <u>June</u> Day <u>28</u> Year <u>1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 5 1875</u>
9. AGE (In years last birthday) <u>81</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Perry Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Schlichting</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Stueve</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha Parker</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>488-42-2061</u>		17. INFORMANT <u>John Schlichting</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>decompensated cor Pulmonale</u> DUE TO (c) <u>Primary Pulmonary Tuberculosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>002X</u>		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour <u>12:15</u> a.m. <u>p.m.</u> Month, Day, Year	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Frohna</u>		COUNTY <u>Perry</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>June 18, 1957</u> to <u>June 28, 1957</u> and last saw her alive on <u>June 28, 1957</u> Death occurred at <u>12:15 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>W. J. Newell D.O.</u> (Degree or title)	
22b. ADDRESS <u>28 S. Spring Cape Girardeau, Mo.</u>		22c. DATE SIGNED <u>7/2/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>July 1 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Frohna Mo.</u>	
24. FUNERAL DIRECTOR <u>Youngs Sons Perryville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>7-3-57</u>	
26. REGISTRAR'S SIGNATURE <u>O. C. Summers</u>		(Licensed Embalmer's Statement on Reverse Side)	

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2135

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.